

**MCDB Encounter File Processing
January 2007 - April 2008 Data**

**P471: Unicare Life & Health Insurance Co.
Based on Data After Final Encounter Processing (2006 - 2007)
Data Completeness Summary Report**

Eligible Services: 412,886
Services Submitted: 412,886

Source File: P471_enc5_dc_crunch.sas7bdat
File Date: December 5, 2008

Delivery System	Number of Recipients ¹			Number of Services			Total Payment		
	2006	2007	% Change	2006	2007	% Change	2006	2007	% Change
1: HMO (Non-Medicaid, Includes Medicare)									
2: PPO-POS									
3: PPO or Other Managed Care	16,542	16,121	-2.5	154,133	402,641	161.2	19,911,515	30,935,992	55.4
4: Indemnity Care	194	568	192.8	1,469	10,239	597.0	151,604	309,421	104.1
5: HMO-POS Rider									
6: EPO									
9: Payer Code=9 (Unknown and Missing)		2			6			154	
Total	16,623	16,342	-1.7	155,602	412,886	165.3	20,063,119	31,245,567	55.7

Plan ²	Number of Recipients ¹			Number of Services			Total Payment		
	2006	2007	% Change	2006	2007	% Change	2006	2007	% Change
Non-HMO	16,124	15,737	-2.4	142,459	387,433	172.0	18,899,957	29,747,199	57.4
HMO Fee for Service									
HMO Capitated									
Medicare, All Types									
No Plan Assigned	499	605	21.2	13,143	25,453	93.7	1,163,162	1,498,368	28.8
Total	16,623	16,342	-1.7	155,602	412,886	165.3	20,063,119	31,245,567	55.7

Coverage Type	Number of Recipients ¹			Number of Services			Total Payment		
	2006	2007	% Change	2006	2007	% Change	2006	2007	% Change
1: Medicare Supplemental									
2: Individual Plan									
3: Private Employer Sponsored Fully Self-Ins	3,009	3,541	17.7	31,594	86,152	172.7	3,786,278	5,996,414	58.4
4: Private Employer Sponsored Insured	14,375	12,819	-10.8	124,007	326,734	163.5	16,276,813	25,249,153	55.1
5: Public Employee	1			1			28		
6: Comprehensive Standard Health Benefit Plan									
7: Medicare Provided by a Medicare HMO/CMS									
8: Taft Hartley Jointly Managed Trust Fund									
9: Payer Code-9 (Unknown Coverage Type)									
Missing or Invalid Code									
Total	16,623	16,342	-1.7	155,602	412,886	165.3	20,063,119	31,245,567	55.7

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NOTES:

¹ Total number of recipients will be less than the sum of individual category recipient counts if some recipients receive services in more than one category.
Key to identify a unique recipient: Patient ID + Birth Year + Birth Month + Gender.

² Rules for categorizing services into a PLAN:

Non-HMO

1. Payer is not an HMO provider and Coverage Type (COVTYPE) is non-Medicare (2-6) or Taft-Hartley (COVTYPE = 8).
 - a. Coverage Type (COVTYPE) is non-Medicare (2-6)
 - b. Coverage Type (COVTYPE) is Taft-Hartley (8).
2. Payer is an HMO provider:
 - a. Delivery System (DELVTYP) is non-HMO (2-4).
 - b. Coverage Type (COVTYPE) is non-Medicare (2-6)

HMO Fee for Service:

1. Payer is an HMO provider.
2. Coverage Type (COVTYPE) is non-Medicare (2-6).
3. Delivery System (DELVTYP) is HMO (1 or 5).
4. Service is not capitated (BILLTYPE = 1).

HMO Capitated:

1. Payer is an HMO provider.
2. Coverage Type (COVTYPE) is non-Medicare (2-6).
3. Delivery System (DELVTYP) is HMO (1 or 5).
4. Service is capitated (BILLTYPE = 8).

Medicare, All Types

- 1, All services with Coverage Type 1 or 7.